ST. DOMINIC VILLA

2375	SINSINAWA	ROAD
2010	OTIVOTIVITATI	1(0/10

HAZEL GREEN 53811 Phone: (608) 748-9814		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	58	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	58	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	58	Average Daily Census:	58

Services Provided to Non-Residents			Length of Stay (12/31/03)				
Home Health Care Supp. Home Care-Personal Care	No No	•	%	Age Groups	%	Less Than 1 Year	8.6 87.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0
Day Services	No	Mental Illness (Org./Psy)	10.3	65 - 74 5.2			
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	17.2		96.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	63.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.8	Full-Time Equivalent	-
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	48.3	65 & Over	100.0		
Transportation	No	Cerebrovascular	5.2			RNs	13.6
Referral Service	No	Diabetes	5.2	Gender	용	LPNs	5.3
Other Services	No	Respiratory	1.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.6	Male	0.0	Aides, & Orderlies	36.3
Mentally Ill	No			Female	100.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I			100.0		

## Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	8	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	٥ŀ	Per Diem (\$)	No.	્રે ૦	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	56	98.2	118	0	0.0	0	1	100.0	140	0	0.0	0	0	0.0	0	57	98.3
Intermediate				1	1.8	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	.j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		57	100.0		0	0.0		1	100.0		0	0.0		0	0.0		58	100.0

ST. DOMINIC VILLA

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	53.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		75.9	24.1	58
Other Nursing Homes	15.4	Dressing	1.7		69.0	29.3	58
Acute Care Hospitals	7.7	Transferring	19.0		55.2	25.9	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.5		27.6	56.9	58
Rehabilitation Hospitals	0.0	Eating	46.6		46.6	6.9	58
Other Locations	23.1	******	******	*****	******	******	*****
Total Number of Admissions	13	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	1.7	Receiving Resp	iratory Care	8.6
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	65.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	37.9	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	29.3
Rehabilitation Hospitals	0.0				_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	100.0	With Pressure Sores		5.2	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		8.6	Medications		
(Including Deaths)	12				Receiving Psyc	hoactive Drugs	43.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Ownership			Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al.	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	ilities		
	ο <sub>δ</sub> ο	%	Ratio	%	Ratio	아	Ratio	엉	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	94.0	1.06	88.0	1.14	88.1	1.13	87.4	1.14		
Current Residents from In-County	100	77.2	1.30	72.9	1.37	69.7	1.44	76.7	1.30		
Admissions from In-County, Still Residing	53.8	23.9	2.25	20.1	2.68	21.4	2.51	19.6	2.74		
Admissions/Average Daily Census	22.4	101.9	0.22	129.5	0.17	109.6	0.20	141.3	0.16		
Discharges/Average Daily Census	20.7	102.4	0.20	130.3	0.16	111.3	0.19	142.5	0.15		
Discharges To Private Residence/Average Daily Cens	sus 0.0	39.2	0.00	52.2	0.00	42.9	0.00	61.6	0.00		
Residents Receiving Skilled Care	98.3	96.3	1.02	93.7	1.05	92.4	1.06	88.1	1.12		
Residents Aged 65 and Older	100	97.2	1.03	94.2	1.06	93.1	1.07	87.8	1.14		
Title 19 (Medicaid) Funded Residents	98.3	64.2	1.53	66.3	1.48	68.8	1.43	65.9	1.49		
Private Pay Funded Residents	1.7	25.9	0.07	21.6	0.08	20.5	0.08	21.0	0.08		
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00		
Mentally Ill Residents	12.1	38.5	0.31	36.2	0.33	38.2	0.32	33.6	0.36		
General Medical Service Residents	27.6	20.1	1.37	21.5	1.28	21.9	1.26	20.6	1.34		
Impaired ADL (Mean)	56.2	51.0	1.10	48.4	1.16	48.0	1.17	49.4	1.14		
Psychological Problems	43.1	53.0	0.81	53.4	0.81	54.9	0.79	57.4	0.75		
Nursing Care Required (Mean)	6.5	7.7	0.84	6.9	0.94	7.3	0.89	7.3	0.88		